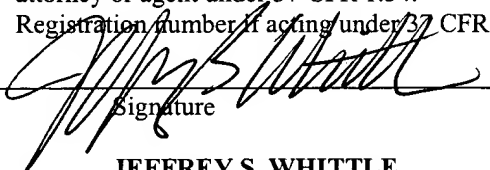


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 12.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 044258.000003	
Application Number 09/812,704		Filed: MARCH 19, 2001	
For: METHODS AND SYSTEMS FOR HEALTHCARE PRACTICE MANAGEMENT			
Art Unit: 3626		Examiner: GILLIGAN, CHRISTOPHER L.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fees</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$_____
<input type="checkbox"/>	Two month (37 CFR 1.17(a)(2))	\$450	\$225 \$_____
<input checked="" type="checkbox"/>	Three month (37 CFR 1.17(a)(3))	\$1020	\$510 \$510.00
<input type="checkbox"/>	Four month (37 CFR 1.17(a)(4))	\$1590	\$795 \$_____
<input type="checkbox"/>	Five month (37 CFR 1.17(a)(5))	\$2160	\$1080 \$_____
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	A check in the amount of \$285 the fee is enclosed. A fee of \$225 was submitted on July 15, 2005 for a two-month extension.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0259, Attorney Docket No. 044258.000003.		
I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the	<input type="checkbox"/> applicant/inventor.	08/30/2005 SDENBOB1 00000046 09812704 02 FC:2253 285.00 OP	
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 36,382		
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 _____ Signature		<u>8-25-05</u> Date	
JEFFREY S. WHITTLE Typed or printed name		713-221-1185 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ 1 _____ form is submitted.			